

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/825,270
	Filing Date	April 14, 2004
	First Named Inventor	Ethan D. STERNBERG
	Art Unit	1614
	Examiner Name	S. Gembeh
	Attorney Docket Number	273012010303

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
☒ the practitioners of record associated with Customer Number: 25225

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) | Please explain below: |

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

The practitioners have been discharged by the assignee/client. The assignee/client has requested transfer.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: _____

OR

B. ☒ Inventor or Assignee Name ** SEE ATTACHED

Address

City _____ State _____ Zip _____ Country _____

Telephone _____ Email _____

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature /Kate H. Murashige/

Name Kate H. Murashige Registration No. 29,959

Address Morrison & Foerster LLP
12531 High Bluff Drive, Suite 100

City San Diego State CA Zip 92130-2040 Country US

Date November 8, 2010 Telephone No. (858) 720-5112

NOTE: Withdrawal is effective when approved rather than when received.

** Both Assignees need to be on the corresponding address as well as notified of the withdrawal. Thank you

<input checked="" type="checkbox"/> Inventor or Assignee Name	QLT INC.		
Address 887 GREAT NORTHERN WAY, SUITE 101			
City VANCOUVER	State BC	Zip V5T 4T5	Country CANADA
Telephone 604-707-7000		Email	

<input checked="" type="checkbox"/> Inventor or Assignee Name	UNIVERSITY OF BRITISH COLOMBIA		
Address UNIVERSITY-INDUSTRY LIASON OFFICE, 6190 AGRONOMY ROAD, #103			
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